

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

North Carolina Hospital Association Political Action Committee - Federal

ADDRESS (number and street)

P.O. Box 4449

Check if different  
than previously  
reported. (ACC)

Cary

NC

27519

4449

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00194647

3. IS THIS  
REPORTNEW  
(N)**OR**AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Quarterly Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2006

through

06

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Suzanne Coker

Signature of Treasurer

Electronically Filed by Ms. Suzanne Coker

Date

10

12

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		59358.40
(b) Cash on Hand at Beginning of Reporting Period .....	27444.40	
(c) Total Receipts (from Line 19) .....	39496.00	51598.40
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	66940.40	110956.80
7. Total Disbursements (from Line 31) .....	15.20	44031.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	66925.20	66925.20
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	6920.00	11760.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	32576.00	38478.40
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	39496.00	50238.40
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	1360.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	39496.00	51598.40
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	39496.00	51598.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	39496.00	51598.40

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		15.20	31.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		15.20	31.60
22. Transfers to Affiliated/Other Party Committees.....		0.00	44000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	0.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		15.20	44031.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		15.20	44031.60

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	39496.00	51598.40
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	39496.00	51598.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15.20	31.60
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	15.20	31.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. R. Timothy Rice		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 1200 North Elm Street		<b>Transaction ID:</b> 12313081
City Greensboro	State NC	Zip Code 27401-1004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Moses Cone Health System	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Carl S. Armato		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 6
Mailing Address 12521 Preservation Pointe Dr.		<b>Transaction ID:</b> 12313127
City Charlotte	State NC	Zip Code 28216-6735
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Presbyterian Hospital	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Richard E. Hudson		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 5547 A Pack House Rd.		<b>Transaction ID:</b> 12403874
City Wilson	State NC	Zip Code 27896
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Wilson Medical Center	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Paul M Wiles		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 2085 Frontis Plaza Boulevard		
City	State	Zip Code
Winston Salem	NC	27103-5614
FEC ID number of contributing federal political committee.		Transaction ID: 12403918
Name of Employer Novant Health		Amount of Each Receipt this Period 400.00
Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Len B Preslar, , Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address Medical Center Boulevard		
City	State	Zip Code
Winston Salem	NC	27157-0001
FEC ID number of contributing federal political committee.		Transaction ID: 12471076
Name of Employer North Carolina Baptist Hospital		Amount of Each Receipt this Period 400.00
Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Wayne F. Shovelin		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address P O Box 1747		
City	State	Zip Code
Gastonia	NC	28053-1747
FEC ID number of contributing federal political committee.		Transaction ID: 12471082
Name of Employer Gaston Memorial Hospital		Amount of Each Receipt this Period 400.00
Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.** Full Name (Last, First, Middle Initial)

Mr. Charles T. Frock

Mailing Address PO Box 5109

City State Zip Code  
Pinehurst NC 28374-5109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FirstHealth of the Caroli-  
nas

Occupation  
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 6

Transaction ID: 12548635

Amount of Each Receipt this Period

400.00

**B.** Full Name (Last, First, Middle Initial)

Mr. John K Barto, , Jr.

Mailing Address 2131 South 17th Street

City State Zip Code  
Wilmington NC 28401-7407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Hanover Health Network

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 6

Transaction ID: 12548727

Amount of Each Receipt this Period

400.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Paul S. Franz

Mailing Address 1320 Fillmore Avenue, Unit 413

City State Zip Code  
Charlotte NC 28203-5895

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare Syst-  
em

Occupation  
President, Carolinas Medical Center

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 6

Transaction ID: 12590693

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....



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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly Mailing Address 9306 Copans Glen Ln. City State Zip Code Huntersville NC 28078-6489 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Carolinas Medical Center-University Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00			Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6 <b>Transaction ID:</b> 12590697 Amount of Each Receipt this Period 320.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Stan Taylor Mailing Address 308 Pace St. City State Zip Code Raleigh NC 27604-1209 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer WakeMed Occupation VP, Business Development & Managed Car Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6 <b>Transaction ID:</b> 12590773 Amount of Each Receipt this Period 400.00
<b>C.</b> Full Name (Last, First, Middle Initial) Scott Whisnant Mailing Address 215 North 18th Street City State Zip Code Wilmington NC 28405-2700 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer New Hanover Regional Medical Center Occupation Director, Government Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6 <b>Transaction ID:</b> 12590791 Amount of Each Receipt this Period 160.00

**SUBTOTAL** of Receipts This Page (optional) .....

880.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 10 / 12

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

**A.** Mr. Mike Stevenson

Mailing Address 4130 U S Highway 64 East

City State Zip Code  
 Murphy NC 28906-7917

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Murphy Medical Center

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 5 / 2 0 0 6

Transaction ID: 12590876

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B.** Ms. Millie Harding

Mailing Address 1113 Pearson Farms Road

City State Zip Code  
 Apex NC 27502-6741

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
North Carolina Hospital  
Association

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 5 / 2 0 0 6

Transaction ID: 12590893

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C.** William L. Roper

Mailing Address 1135 Burning Tree Drive

City State Zip Code  
 Chapel Hill NC 27517-4005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University of North Carol-  
ina Hospitals

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 6

Transaction ID: 12603832

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 11 / 12

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

**A.** Mr. Frederick G Thompson, , Ph.D.

Mailing Address 500 Morven Road

City

Wadesboro

State

NC

Zip Code

28170-2745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anson Community Hospital

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

Transaction ID: 12603872

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B.** Dr. William J Fulkerson, , M.D.

Mailing Address P O Box 3708

City

Durham

State

NC

Zip Code

27710-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Duke University Hospital

Occupation

Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 6

Transaction ID: 12672579

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C.** Mr. Laurence C. Hinsdale

Mailing Address 920 Church Street North

City

Concord

State

NC

Zip Code

28025-2983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NorthEast Medical Center

Occupation

President/CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 0 6

Transaction ID: 12672591

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 12 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

**A.** Full Name (Last, First, Middle Initial)  
Ms. Sharon M Tanner

Mailing Address P O Box 1587

City State Zip Code  
 Elizabeth City NC 27906-1587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Albemarle Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 5 / 2 0 0 6

Transaction ID: 12672670

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

40.00

**TOTAL** This Period (last page this line number only) .....

6920.00